

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-149)

Serial No.  
1052458

Filing Date  
1-12-01

Attended

CLAIMS

	AS FILED		AFTER REMARKS/CHANGES		AFTER DELETION/ADDITION	
	KKO.	OER.	KKO.	OER.	KKO.	OER.
1	1		1			
2						
3						
4						
5						
6	1					
7			1			
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						

KKO.	OER.	KKO.	OER.	KKO.	OER.
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
77					
78					
79					
80					
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					

3/8/10